

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (*if known*)

Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>OIB LLC</u>		
2. All other names debtor used in the last 8 years	Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	<u>66-0823378</u>		
4. Debtor's address	Principal place of business <u>3006 Ave San Cristobal Coto Laurel, PR 00780-2896</u> Number, Street, City, State & ZIP Code	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code	
	<u>Ponce</u> County	Location of principal assets, if different from principal place of business <u>3006 Ave San Cristobal Coto Laurel, PR 00780-2896</u> Number, Street, City, State & ZIP Code	
5. Debtor's website (URL)			
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

Debtor	OIB LLC Name		Case number (<i>if known</i>)						
<p>7. Describe debtor's business</p> <p>A. Check one:</p> <p class="list-item-l1"><input type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A))</p> <p class="list-item-l1"><input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))</p> <p class="list-item-l1"><input type="checkbox"/> Railroad (as defined in 11 U.S.C. § 101(44))</p> <p class="list-item-l1"><input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A))</p> <p class="list-item-l1"><input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6))</p> <p class="list-item-l1"><input type="checkbox"/> Clearing Bank (as defined in 11 U.S.C. § 781(3))</p> <p class="list-item-l1"><input checked="" type="checkbox"/> None of the above</p> <p>B. Check all that apply</p> <p class="list-item-l1"><input type="checkbox"/> Tax-exempt entity (as described in 26 U.S.C. §501)</p> <p class="list-item-l1"><input type="checkbox"/> Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)</p> <p class="list-item-l1"><input type="checkbox"/> Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))</p> <p>C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See http://www.uscourts.gov/four-digit-national-association-naics-codes.</p>									
<p>8. Under which chapter of the Bankruptcy Code is the debtor filing?</p> <p>Check one:</p> <p class="list-item-l1"><input type="checkbox"/> Chapter 7</p> <p class="list-item-l1"><input type="checkbox"/> Chapter 9</p> <p class="list-item-l1"><input checked="" type="checkbox"/> Chapter 11. Check all that apply:</p> <p class="list-item-l2"><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).</p> <p class="list-item-l2"><input type="checkbox"/> The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).</p> <p class="list-item-l2"><input type="checkbox"/> A plan is being filed with this petition.</p> <p class="list-item-l2"><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).</p> <p class="list-item-l2"><input type="checkbox"/> The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.</p> <p class="list-item-l2"><input type="checkbox"/> The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.</p> <p class="list-item-l1"><input type="checkbox"/> Chapter 12</p>									
<p>9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?</p> <p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes.</p> <p>If more than 2 cases, attach a separate list.</p> <table border="0"><tr><td style="width: 30%;">District</td><td>When</td><td>Case number</td></tr><tr><td>District</td><td>When</td><td>Case number</td></tr></table>				District	When	Case number	District	When	Case number
District	When	Case number							
District	When	Case number							
<p>10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?</p> <p>List all cases. If more than 1, attach a separate list</p> <table border="0"><tr><td style="width: 30%;">Debtor</td><td>Relationship</td></tr><tr><td>District</td><td>When</td><td>Case number, if known</td></tr></table>				Debtor	Relationship	District	When	Case number, if known	
Debtor	Relationship								
District	When	Case number, if known							

Debtor	OIB LLC Name _____		Case number (<i>if known</i>) _____																
<p>11. Why is the case filed in this district? Check all that apply:</p> <p><input checked="" type="checkbox"/> Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.</p> <p><input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.</p> <hr/>																			
<p>12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.</p> <p>Why does the property need immediate attention? (Check all that apply.)</p> <p><input type="checkbox"/> It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? _____</p> <p><input type="checkbox"/> It needs to be physically secured or protected from the weather.</p> <p><input type="checkbox"/> It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).</p> <p><input type="checkbox"/> Other _____</p> <p>Where is the property? _____ Number, Street, City, State & ZIP Code _____</p> <p>Is the property insured?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Insurance agency _____ Contact name _____ Phone _____</p> <hr/>																			
<p>Statistical and administrative information</p> <p>13. Debtor's estimation of available funds Check one:</p> <p><input checked="" type="checkbox"/> Funds will be available for distribution to unsecured creditors.</p> <p><input type="checkbox"/> After any administrative expenses are paid, no funds will be available to unsecured creditors.</p> <hr/>																			
<table border="0"> <tr> <td>14. Estimated number of creditors</td> <td><input checked="" type="checkbox"/> 1-49</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 25,001-50,000</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 50-99</td> <td><input type="checkbox"/> 5001-10,000</td> <td><input type="checkbox"/> 50,001-100,000</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> More than 100,000</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 200-999</td> <td></td> <td></td> </tr> </table> <hr/>				14. Estimated number of creditors	<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000		<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000		<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000		<input type="checkbox"/> 200-999		
14. Estimated number of creditors	<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000																
	<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000																
	<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000																
	<input type="checkbox"/> 200-999																		
<table border="0"> <tr> <td>15. Estimated Assets</td> <td><input type="checkbox"/> \$0 - \$50,000</td> <td><input checked="" type="checkbox"/> \$1,000,001 - \$10 million</td> <td><input type="checkbox"/> \$500,000,001 - \$1 billion</td> </tr> <tr> <td></td> <td><input type="checkbox"/> \$50,001 - \$100,000</td> <td><input type="checkbox"/> \$10,000,001 - \$50 million</td> <td><input type="checkbox"/> \$1,000,000,001 - \$10 billion</td> </tr> <tr> <td></td> <td><input type="checkbox"/> \$100,001 - \$500,000</td> <td><input type="checkbox"/> \$50,000,001 - \$100 million</td> <td><input type="checkbox"/> \$10,000,000,001 - \$50 billion</td> </tr> <tr> <td></td> <td><input type="checkbox"/> \$500,001 - \$1 million</td> <td><input type="checkbox"/> \$100,000,001 - \$500 million</td> <td><input type="checkbox"/> More than \$50 billion</td> </tr> </table> <hr/>				15. Estimated Assets	<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion		<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion		<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion		<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
15. Estimated Assets	<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion																
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion																
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion																
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion																
<table border="0"> <tr> <td>16. Estimated Liabilities</td> <td><input type="checkbox"/> \$0 - \$50,000</td> <td><input type="checkbox"/> \$1,000,001 - \$10 million</td> <td><input type="checkbox"/> \$500,000,001 - \$1 billion</td> </tr> <tr> <td></td> <td><input type="checkbox"/> \$50,001 - \$100,000</td> <td><input type="checkbox"/> \$10,000,001 - \$50 million</td> <td><input type="checkbox"/> \$1,000,000,001 - \$10 billion</td> </tr> <tr> <td></td> <td><input type="checkbox"/> \$100,001 - \$500,000</td> <td><input type="checkbox"/> \$50,000,001 - \$100 million</td> <td><input type="checkbox"/> \$10,000,000,001 - \$50 billion</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> \$500,001 - \$1 million</td> <td><input type="checkbox"/> \$100,000,001 - \$500 million</td> <td><input type="checkbox"/> More than \$50 billion</td> </tr> </table> <hr/>				16. Estimated Liabilities	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion		<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion		<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion		<input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
16. Estimated Liabilities	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion																
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion																
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion																
	<input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion																

Debtor

OIB LLC

Name

Case number (*If known*)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

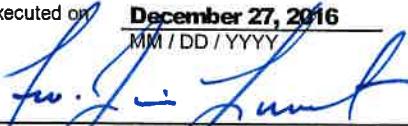
I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 27, 2016

MM / DD / YYYY

X


Signature of authorized representative of debtor

Title Managing Member

Francisco J. Lasanta Morales

Printed name

18. Signature of attorney

X


Signature of attorney for debtor

Date December 27, 2016

MM / DD / YYYY

CHARLES A. CUPRILL-HERNANDEZ

Printed name

CHARLES A. CUPRILL PCS LAW OFFICES

Firm name

356 FORTALEZA STREET

SECOND FLOOR

San Juan, PR 00901

Number, Street, City, State & ZIP Code

Contact phone 787-977-0515

Email address ccuprill@cuprill.com

USDC-PR114312

Bar number and State

Fill in this information to identify the case:

Debtor name

OIB LLC

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known)

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An Individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets-Real and Personal Property(Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property(Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases(Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 27, 2016

X


Signature of individual signing on behalf of debtor

Francisco J. Lasanta Morales

Printed name

Managing Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name

OIB LLC

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known)

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:

Copy line 88 from Schedule A/B..... \$ 0.00

1b. Total personal property:

Copy line 91A from Schedule A/B..... \$ 2,633,434.02

1c. Total of all property:

Copy line 92 from Schedule A/B..... \$ 2,633,434.02

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A~~Amount of claim~~, from line 3 of Schedule D..... \$ 279,594.16

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$ 36,519.17

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... +\$ 489,290.69

4. Total liabilities

Lines 2 + 3a + 3b

\$ 805,404.02

Fill in this information to identify the case:

Debtor name OIB LLC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

\$2,500.00

2. Cash on hand

\$2,000.00

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)
Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

4. Other cash equivalents (*Identify all*)

\$4,500.00

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less:	<u>844,327.00</u>	<u>0.00</u> =	<u>\$844,327.00</u>
	face amount	doubtful or uncollectible accounts	

Debtor OIB LLC
Name _____ Case number (*If known*) _____

11b. Over 90 days old:	516,626.07	0.00 =...,	\$516,626.07
	face amount	doubtful or uncollectible accounts	

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,360,953.07

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
- Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
- Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
- Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
- Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---	---	--	---------------------------------------

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1. <u>2014 Jeep Cherokee</u>	<u>\$32,266.72</u>	<u>Book Value</u>	<u>\$32,266.72</u>
---------------------------------	--------------------	-------------------	--------------------

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. Aircraft and accessories

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

Debtor OIB LLC
Name _____ Case number (*If known*) _____

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$32,266.72

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

No
 Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

No
 Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.
 Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes Fill in the information below.

**Current value of
debtor's interest**

71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

Prepaid sales and use tax

Tax year 2015

\$77,241.19

73. **Interests in insurance policies or annuities**

Prepaid insurance

\$6,358.34

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

Debtor OIB LLC
Name _____

Case number (*If known*) _____

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$83,599.53

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

No
 Yes

Debtor OIB LLC
Name _____

Case number (*If known*) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$4,500.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$1,360,953.07</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$32,266.72</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+ \$83,599.53</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$1,481,319.32</u>	<u>+ 91b. \$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$1,481,319.32</u>

Fill in this information to identify the case:

Debtor name

OIB LLC

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number(if known)

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1 Reliable Auto

Creditor's Name

PO Box 21382 Box 21382
San Juan, PR 00928-1382

Creditor's mailing address

Describe debtor's property that is subject to a lien
2014 Jeep Cherokee

Column A
Amount of claim
Do not deduct the value of collateral.

\$34,594.16

Column B
Value of collateral that supports this claim

\$32,266.72

Creditor's email address, if known

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H)

Date debt was incurred

01/01/16 @ 12/31/16

Last 4 digits of account number

9455

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

2.2 Scotiabank de Puerto Rico

Creditor's Name

PO Box 362394
San Juan, PR 00936-2394

Creditor's mailing address

Describe debtor's property that is subject to a lien
Accounts receivable

\$245,000.00

\$1,152,114.70

Creditor's email address, if known

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H)

Date debt was incurred

01/01/16 @ 12/31/16

Last 4 digits of account number

8380

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

Debtor OIB LLC
Name _____

Case number (if known) _____

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$279,594.16**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you
enter the related creditor?

Last 4 digits of
account number for
this entity

Fill in this information to identify the case:

Debtor name

OIB LLC

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Alexis Cordero Rodriguez PO Box 10007 Guayama, PR 00785-4007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,270.40 \$1,270.40
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave	
	Last 4 digits of account number 4738 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address Alvaro E Vasallo Maldonado 2103 Portales del Monte Coto Laurel, PR 00780-2022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$384.00 \$384.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave	
	Last 4 digits of account number 2736 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)		
2.3	Priority creditor's name and mailing address Aurelio de Leon Ortiz Comunidad Miramar 644 Calle Jazmin # 50 Guayama, PR 00784-7373	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accrued Vacation and Sick Leave Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$630.00	\$630.00
2.4	Priority creditor's name and mailing address Benito Flores Ortiz Jardines de la Reina Calle Acacia # 81 Guayama, PR 00784	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accrued Vacation and Sick Leave Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$272.00	\$272.00
2.5	Priority creditor's name and mailing address Benjamin Reyes Rodriguez Urb. El Palmar Casa D-8 Arroyo, PR 00714	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accrued Vacation and Sick Leave Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$435.00	\$435.00
2.6	Priority creditor's name and mailing address Carlos L Garcia Velez Parcela El Tuque 5167 Calle Lorencita Ferrer Ponce, PR 00728-4834	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accrued Vacation and Sick Leave Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$476.00	\$476.00

Debtor	OIB LLC Name	Case number (if known)		
2.7	Priority creditor's name and mailing address Carlos R Pabon Morales PO Box 32118 Ponce, PR 00732-2118	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,394.72	\$1,394.72
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 2482 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.8	Priority creditor's name and mailing address Edgardo J Nieves Rodriguez HC 1 Box 9478 Penuelas, PR 00624-9738	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$406.00	\$406.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 6107 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.9	Priority creditor's name and mailing address Eduardo Colon Gomez Bda. Santa Ana 162-18 Calle 0 Guayama, PR 00784	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$630.00	\$630.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 0699 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.10	Priority creditor's name and mailing address Eliezer Troche Rivera HC 1 Box 7290 Guayanilla, PR 00656-9432	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$667.00	\$667.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 4680 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	OIB LLC Name	Case number (if known)		
2.11	Priority creditor's name and mailing address Eliot Pacheco Bulted 970 Comunidad Caracoles III Peñuelas, PR 00624 Date or dates debt was incurred 07/01/16 @ 12/28/16 Last 4 digits of account number 9152 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accrued Vacation and Sick Leave Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,728.00	\$1,728.00
2.12	Priority creditor's name and mailing address Eric F Soto Garcia PO Box 1399 Box 1399 Maunabo, PR 00707-1399 Date or dates debt was incurred 07/01/16 @ 12/28/16 Last 4 digits of account number 9333 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accrued Vacation and Sick Leave Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$203.00	\$203.00
2.13	Priority creditor's name and mailing address Excer Santiago Vazquez 19 Calle A Yauco, PR 00698-4878 Date or dates debt was incurred 07/01/16 @ 12/28/16 Last 4 digits of account number 0914 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accrued Vacation and Sick Leave Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$476.00	\$476.00
2.14	Priority creditor's name and mailing address Felix L Diaz Vazquez 215 Calle B Bda Santa Ana Blvd Guayama, PR 00784 Date or dates debt was incurred 07/01/16 @ 12/28/16 Last 4 digits of account number 1499 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accrued Vacation and Sick Leave Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.00	\$240.00

Debtor	OIB LLC Name	Case number (if known)		
2.15	Priority creditor's name and mailing address Francisco J De Jesus Mercado HC 1 Box 9009 Penuelas, PR 00624-9249	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$522.00	\$522.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 3246 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.16	Priority creditor's name and mailing address Francisco J. Lasanta Morales PO Box 801145 Coto Laurel, PR 00780-1145	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,655.00	\$8,655.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 3348 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.17	Priority creditor's name and mailing address Gerardo Plaza Badea PO Box 698 Adjuntas, PR 00601-0698	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$396.00	\$396.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 9225 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.18	Priority creditor's name and mailing address Hector L Quiñones Ruiz HC 1 Box 8931 Penuelas, PR 00624-9223	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$408.00	\$408.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 0095 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	OIB LLC Name	Case number (if known)		
2.19	Priority creditor's name and mailing address Hector Mari Colon HC 2 Box 6510 Guayanilla, PR 00656-9715	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$272.00	\$272.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 4323 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.20	Priority creditor's name and mailing address Hector R Vazquez Nazario HC 37 Box 4328 Guanica, PR 00653-8425	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$384.00	\$384.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 1453 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.21	Priority creditor's name and mailing address Henry O Cruz Martinez HC 2 Box 4376 Guayama, PR 00784-8582	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$783.00	\$783.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 5214 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.22	Priority creditor's name and mailing address Heriberto Diaz Rivera HC 65 Box 4338 Patillas, PR 00723-9224	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$203.00	\$203.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 0008 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	OIB LLC Name	Case number (if known)		
2.23	Priority creditor's name and mailing address Heriberto Lozada Garcia PO Box 312 Patillas, PR 00723-0312 Date or dates debt was incurred 07/01/16 @ 12/28/16 Last 4 digits of account number 5627 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accrued Vacation and Sick Leave Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$522.00	\$522.00
2.24	Priority creditor's name and mailing address Jimmy Velazquez Gonzalez HC 8 Box 1082 Ponce, PR 00731-9501 Date or dates debt was incurred 07/01/16 @ 12/28/16 Last 4 digits of account number 7307 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accrued Vacation and Sick Leave Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$714.00	\$714.00
2.25	Priority creditor's name and mailing address Johnny Vazquez Rodriguez 5-7 Calle Santa Barbara Blvd Guayama, PR 00784 Date or dates debt was incurred 07/01/16 @ 12/28/16 Last 4 digits of account number 8268 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accrued Vacation and Sick Leave Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$435.00	\$435.00
2.26	Priority creditor's name and mailing address Jorge Colon Torres HC 2 Box 5653 Villalba, PR 00766-9751 Date or dates debt was incurred 07/01/16 @ 12/28/16 Last 4 digits of account number 4787 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accrued Vacation and Sick Leave Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$714.00	\$714.00

Debtor	Name	Case number (if known)		
2.27	OIB LLC Priority creditor's name and mailing address Jose A Arroyo Ortiz HC 2 Box 6621 Adjuntas, PR 00601-9284	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$672.00	\$672.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 7450 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
2.28	Priority creditor's name and mailing address Jose Pagan Oliveras HC 1 Box 10193 Penuelas, PR 00624-9726	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,530.00	\$1,530.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 8661 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
2.29	Priority creditor's name and mailing address Juan Torres Badea HC 1 Box 3911 Adjuntas, PR 00601-9564	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$320.00	\$320.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 9593 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
2.30	Priority creditor's name and mailing address Julio C Albizu Guzman HC 6 Box 4789 Coto Laurel, PR 00780-9546	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$480.00	\$480.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 2767 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		

Debtor	OIB LLC Name	Case number (if known)		
2.31	Priority creditor's name and mailing address Julio R Albizu Guzman HC 6 Box 4789 Coto Laurel, PR 00780-9546	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$672.00	\$672.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick		
	Last 4 digits of account number 8399 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.32	Priority creditor's name and mailing address Luis A Rivera Roque 449 Calle Rosendo M Cintron Parcela Magu Ponce, PR 00728	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$544.00	\$544.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 7635 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.33	Priority creditor's name and mailing address Luis A Torres Cruz RR 1 Box 6482 Guayama, PR 00784-3534	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$450.00	\$450.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 2369 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.34	Priority creditor's name and mailing address Luis A Torres Rios HC 1 Coamo, PR 00769-9800	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8.05	\$8.05
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 6455 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.35	OIB LLC Priority creditor's name and mailing address Luis E Pirela De Jesus HC 1 Arroyo, PR 00714-9801 Date or dates debt was incurred 07/01/16 @ 12/28/16 Last 4 digits of account number 6678 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accrued Vacation and Sick Leave Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495.00	\$495.00
2.36	Priority creditor's name and mailing address Luis O Morales Figueiroa 128 Calle Topica Com Las 500 Arroyo, PR 00714 Date or dates debt was incurred 07/01/16 @ 12/28/16 Last 4 digits of account number 3840 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accrued Vacation and Sick Leave Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$306.00	\$306.00
2.37	Priority creditor's name and mailing address Luis P Torres Collazo L8 Calle Bucayo Gigante El Valle Los Pra Caguas, PR 00727 Date or dates debt was incurred 07/01/16 @ 12/28/16 Last 4 digits of account number 5986 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accrued Vacation and Sick Leave Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,606.00	\$3,606.00
2.38	Priority creditor's name and mailing address Marilyn Torres Montanez PO Box 985 Box 985 Coamo, PR 00769-0985 Date or dates debt was incurred 07/01/16 @ 12/28/16 Last 4 digits of account number 8679 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accrued Vacation and Sick Leave Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$340.00	\$340.00

Debtor	OIB LLC Name	Case number (if known)		
2.39	Priority creditor's name and mailing address Oscar Garcia Rivera HC 2 Box 3790 Puenegas, PR 00624-9613	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,008.00	\$1,008.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 7815 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.40	Priority creditor's name and mailing address Osvaldo Garcia Molina 280 Calle B Guayama, PR 00784-7227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$720.00	\$720.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 7090 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.41	Priority creditor's name and mailing address Rafael Diaz Rivera HC 65 Box 4338 Patillas, PR 00723-9224	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$203.00	\$203.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 2091 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.42	Priority creditor's name and mailing address Remi A Figueroa Pagan Urb. Hillcrest Village Paseo de la Loma Ponce, PR 00716-7038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$238.00	\$238.00
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave		
	Last 4 digits of account number 2534 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	OIB LLC Name	Case number (if known)
2.43	Priority creditor's name and mailing address Sergio J Torres Colon HC 5 Box 5338 Juana Diaz, PR 00795-9830	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave
	Last 4 digits of account number 8818 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.44	Priority creditor's name and mailing address Wilfredo Quiñones Rodriguez HC 1 Box 9352 Penuelas, PR 00624-9239	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave
	Last 4 digits of account number 9855 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.45	Priority creditor's name and mailing address William X Vazquez Laboy HC 63 Box 3469 Patillas, PR 00723-9609	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 07/01/16 @ 12/28/16	Basis for the claim: Accrued Vacation and Sick Leave
	Last 4 digits of account number 3176 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address ACE Forming Systems, Inc. PO Box 363707 San Juan, PR 00936-3707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred 01/01/16 @ 12/28/16	Basis for the claim: Trade Debt
	Last 4 digits of account number 5256	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address AJD Transport 163 Calle Rosal Hda Florida Yauco, PR 00698	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred 01/01/16 @ 12/28/16	Basis for the claim: Trade Debt
	Last 4 digits of account number BLLC	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	OIB LLC Name	Case number (if known)	
3.3	Nonpriority creditor's name and mailing address AKASAH Urb. Vista de Coamo 257 Calle Cascadas Coamo, PR 00769 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,402.50
3.4	Nonpriority creditor's name and mailing address AKM MFG, Inc. 418 Calle A Ste 1 San Juan, PR 00920-2005 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,542.83
3.5	Nonpriority creditor's name and mailing address Alonso & Carus PO Box 566 Catano, PR 00963-0566 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,480.00
3.6	Nonpriority creditor's name and mailing address ARB Inc. PO Box 1055 Catano, PR 00963-1055 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>3523</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$914.00
3.7	Nonpriority creditor's name and mailing address Art Roofing and LWC PO Box 800531 Coto Laurel, PR 00780-0531 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>BLLC</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,200.00
3.8	Nonpriority creditor's name and mailing address Blue Line Rental 8401 New Trails Dr Ste 150 The Woodlands, TX 77381-4083 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>0450</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,824.36
3.9	Nonpriority creditor's name and mailing address Carlos J. Vazquez-Pagan HC 63 Patillas, PR 00723-9801 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,100.00

Debtor	OIB LLC Name	Case number (if known)	
3.10	Nonpriority creditor's name and mailing address Carolina Building Materials PO Box 3570 Carolina, PR 00984-3570 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>0369</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,036.41
3.11	Nonpriority creditor's name and mailing address CIB PO Box 364086 San Juan, PR 00936-4086 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>3092</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,844.49
3.12	Nonpriority creditor's name and mailing address CONSPRO Corp PO Box 361628 San Juan, PR 00936-1628 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>B001</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$452.33
3.13	Nonpriority creditor's name and mailing address Daltile Palma Industrial Zone 430 Calle 4 Ste 2 Catano, PR 00962-6353 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00
3.14	Nonpriority creditor's name and mailing address Edwin Plaza HC 2 Box 6547 Adjuntas, PR 00601-9275 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u></u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,190.66
3.15	Nonpriority creditor's name and mailing address Emilio Sampoll Urb. Las Delicias, Calle Fidelia Mathew Ponce, PR 00728 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u></u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,686.66
3.16	Nonpriority creditor's name and mailing address Empresas de Soldadura PO Box 365047 San Juan, PR 00936-5047 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>2162</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$373.53

Debtor	Name	Case number (if known)	
3.17	OIB LLC Nonpriority creditor's name and mailing address Francisco Tripari Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u></u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,212.50
3.18	Galo Concrete LLC PO Box 10007 Guayama, PR 00785-4007 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>BLLC</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,615.66
3.19	Greenscape PO Box 1636 Sabana Seca, PR 00952-1636 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u></u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,226.10
3.20	JJ Rental LLC HC 6 Box 9015 Juana Diaz, PR 00795-9646 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>0506</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,748.16
3.21	La Casa de los Tornillos PO Box 365047 San Juan, PR 00936-5047 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>2162</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,303.56
3.22	Marxuach Precast Solutions, Inc. PO Box 2149 San Juan, PR 00922-2149 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u></u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,315.95
3.23	Power Precas Products Corp PO Box 1707 Rio Grande, PR 00745-1707 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>B001</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,963.30

Debtor	Name	Case number (if known)	
3.24	OIB LLC Nonpriority creditor's name and mailing address PR Wire Products Corp PO Box 363167 San Juan, PR 00936-3167 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>5256</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,055.69
3.25	Refricentro Inc 308 Barbosa Ave San Juan, PR 00917-4300 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>9863</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.29
3.26	RIMCO PO Box 362529 San Juan, PR 00936-2529 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>5102</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,496.00
3.27	Robles Aggregates Inc PO Box 801028 Coto Laurel, PR 00780-1028 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>BLLC</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,068.18
3.28	Roger Electric PO Box 3166 Bayamon, PR 00960-3166 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>0094</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,058.25
3.29	SM Electrical Contractors, SE 3006 Ave San Cristobal Coto Laurel, PR 00780-2896 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u></u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,000.00
3.30	Steel Services & Supplies PO Box 2528 Toa Baja, PR 00951-2528 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>1006</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,319.62

Debtor	<u>OIB LLC</u> Name	Case number (if known)
3.31	Nonpriority creditor's name and mailing address Ventor Corp PO Box 2727 Carolina, PR 00984-2727 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>1294</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<u>\$9,293.40</u>
3.32	Nonpriority creditor's name and mailing address Vergel Quiros HC 2 Box 6547 Guayanilla, PR 00656-9738 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<u>\$4,728.96</u>
3.33	Nonpriority creditor's name and mailing address Vives Rental Equipment, Inc. Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<u>\$1,338.00</u>
3.34	Nonpriority creditor's name and mailing address Warren del Caribe PO Box 309 Caguas, PR 00726-0309 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>0710</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<u>\$973.90</u>
3.35	Nonpriority creditor's name and mailing address Water Work Suppliers PO Box 366203 San Juan, PR 00936-6203 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>BLLC</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<u>\$8,316.05</u>
3.36	Nonpriority creditor's name and mailing address Z Electric Sales, Inc PO Box 100 Bayamon, PR 00960-0100 Date(s) debt was incurred <u>01/01/16 @ 12/28/16</u> Last 4 digits of account number <u>BLLC</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<u>\$199,700.00</u>

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Debtor OIB LLC
Name _____

Case number (if known) _____

5a. Total claims from Part 1

Total of claim amounts	
5a.	\$ 36,519.17
5b.	+ \$ 489,290.69

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.	\$ 525,809.86
-----	---------------

Fill in this information to identify the case:

Debtor name

OIB LLC

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known)

Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Francisco J. Lasanta Morales	3006 Ave San Cristobal Coto Laurel, PR 00780-2896 Telephone : (787) 842-8822	Scotiabank de Puerto Rico	<input checked="" type="checkbox"/> D 2.2 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Francisco Lasanta Gonzalez	3006 Ave San Cristobal Coto Laurel, PR 00780-2896 Telephone : (787) 842-8822	Scotiabank de Puerto Rico	<input checked="" type="checkbox"/> D 2.2 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	SM Electrical Contractors, SE	3006 Ave San Cristobal Coto Laurel, PR 00780-2896 Telephone : (787) 842-8822	Scotiabank de Puerto Rico	<input checked="" type="checkbox"/> D 2.2 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name **OIB LLC**United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known): _____

 Check if this is an
amended filing
Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Z Electric Sales, Inc PO Box 100 Bayamon, PR 00960-0100	Sra. Beatriz Cintron (787) 740-0404	Trade debt				\$199,700.00
Alonso & Carus PO Box 566 Catano, PR 00963-0566	Javier Rodriguez (787) 788-1065	Trade debt				\$49,480.00
Marxuach Precast Solutions, Inc. PO Box 2149 San Juan, PR 00922-2149	Heyda Jimenez	Trade debt				\$43,315.95
Galo Concrete LLC PO Box 10007 Guayama, PR 00785-4007	Carmen L. Mercado (787) 510-0046	Trade debt				\$41,615.66
Power Precas Products Corp PO Box 1707 Rio Grande, PR 00745-1707	Kathy Padilla (787) 887-2005	Trade debt				\$14,963.30
Robles Aggregates Inc PO Box 801028 Coto Laurel, PR 00780-1028	Leyda Martinez (787) 284-3065	Trade debt				\$14,068.18
PR Wire Products Corp PO Box 363167 San Juan, PR 00936-3167	Dina Aponte (787) 288-8080	Trade debt				\$13,055.69

Debtor Name	OIB LLC	Case number (if known)				
Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AKM MFG, Inc. 418 Calle A Ste 1 San Juan, PR 00920-2005	Arlene Gonzalez (787) 620-4950	Trade debt				\$10,542.83
Ventor Corp PO Box 2727 Carolina, PR 00984-2727	Becky Paniagua (787) 752-1740	Trade debt				\$9,293.40
Water Work Suppliers PO Box 366203 San Juan, PR 00936-6203	Ilda Freire	Trade debt				\$8,316.05
Carolina Building Materials PO Box 3570 Carolina, PR 00984-3570	Edna Morales (787) 769-0176	Trade debt				\$8,036.41
ACE Forming Systems, Inc. PO Box 363707 San Juan, PR 00936-3707	Nilda Rosario (787) 288-8080	Trade debt				\$7,324.55
Daltile Palma Industrial Zone 430 Calle 4 Ste 2 Catano, PR 00962-6353	Daniel Santana (787) 791-6618	Trade debt				\$7,000.00
Steel Services & Supplies PO Box 2528 Toa Baja, PR 00951-2528	Mardelis Berrios (787) 794-2250	Trade debt				\$6,319.62
Carlos J. Vazquez-Pagan HC 63 Patillas, PR 00723-9801	Carlos J. Vazquez (787) 938-0651	Trade debt				\$5,100.00
JJ Rental LLC HC 6 Box 9015 Juana Diaz, PR 00795-9646	Angel Nuñez (787) 984-7189	Trade debt				\$4,748.16
Vergel Quiros HC 2 Box 6547 Guayanilla, PR 00656-9738	Vergel Quiros (787) 526-7503	Trade debt				\$4,728.96
Blue Line Rental 8401 New Trails Dr Ste 150 The Woodlands, TX 77381-4083	Luz Antonio (832) 299-7840	Trade debt				\$3,824.36

Debtor OIB LLC Name		Case number (if known)				
Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
			Unliquidated	Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Luis P Torres Collazo L8 Calle Bucayo Gigante El Valle Los Pra Caguas, PR 00727			Unliquidated			\$3,606.00
Art Roofing and LWC PO Box 800531 Coto Laurel, PR 00780-0531	Jose Berrios (787) 642-7745	Trade debt				\$3,200.00

United States Bankruptcy Court
District of Puerto Rico

IN RE:

OIB LLC

Debtor(s)

Case No. _____

Chapter 11

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: December 27, 2016

Signature:


Francisco J. Lasanta Morales, Managing Member

Debtor

Date: _____

Signature: _____

Joint Debtor, if any

OIB Creditor's Data

Creditors with PRIORITY Unsecured Claims

Alexis Cordero Rodriguez
PO Box 10007
Guayama, PR 00785-4007

Alvaro E Vasallo Maldonado
2103 Portales del Monte
Coto Laurel, PR 00780-2022

Aurelio de Leon Ortiz
Comunidad Miramar
644 Calle Jazmin # 50
Guayama, PR 00784-7373

Benito Flores Ortiz
Jardines de la Reina
Calle Acacia # 81
Guayama, PR 00784

Benjamin Reyes Rodriguez
Urb. El Palmar Casa D-8
Arroyo, PR 00714

Carlos L Garcia Velez
Parcela El Tuque
5167 Calle Lorencita Ferrer
Ponce, PR 00728-4834

Carlos R Pabon Morales
PO Box 32118
Ponce, PR 00732-2118

Edgardo J Nieves Rodriguez
HC 1 Box 9478
Penuelas, PR 00624-9738

Eduardo Colon Gomez
Bda. Santa Ana
162-18 Calle 0
Guayama, PR 00784

Eliezer Troche Rivera
HC 1 Box 7290
Guayanilla, PR 00656-9432

Eliot Pacheco Bulted
970 Comunidad Caracoles III
Penuelas, PR 00624

Eric F Soto Garcia
PO Box 1399 Box 1399
Maunabo, PR 00707-1399

Excer Santiago Vazquez
19 Calle A
Yauco, PR 00698-4878

Felix L Diaz Vazquez
215 Calle B Bda Santa Ana Blvd
Guayama, PR 00784

OIB Creditor's Data

Francisco J De Jesus Mercado
HC 1 Box 9009
Penuelas, PR 00624-9249

Francisco J. Lasanta Morales
PO Box 801145
Coto Laurel, PR 00780-1145

Gerardo Plaza Badea
PO Box 698
Adjuntas, PR 00601-0698

Hector L Quiñones Ruiz
HC 1 Box 8931
Penuelas, PR 00624-9223

Hector Mari Colon
HC 2 Box 6510
Guayanilla, PR 00656-9715

Hector R Vazquez Nazario
HC 37 Box 4328
Guanica, PR 00653-8425

Henry O Cruz Martinez
HC 2 Box 4376
Guayama, PR 00784-8582

Heriberto Diaz Rivera
HC 65 Box 4338
Patillas, PR 00723-9224

Heriberto Lozada Garcia
PO Box 312
Patillas, PR 00723-0312

Jimmy Velazquez Gonzalez
HC 8 Box 1082
Ponce, PR 00731-9501

Johnny Vazquez Rodriguez
5-7 Calle Santa Barbara Blvd
Guayama, PR 00784

Jorge Colon Torres
HC 2 Box 5653
Villalba, PR 00766-9751

Jose A Arroyo Ortiz
HC 2 Box 6621
Adjuntas, PR 00601-9284

Jose Pagan Oliveras
HC 1 Box 10193
Penuelas, PR 00624-9726

Juan Torres Badea
HC 1 Box 3911
Adjuntas, PR 00601-9564

Julio C Albizu Guzman
HC 6 Box 4789
Coto Laurel, PR 00780-9546

OIB Creditor's Data

Julio R Albizu Guzman
HC 6 Box 4789
Coto Laurel, PR 00780-9546

Luis A Rivera Roque
449 Calle Rosendo M Cintron
Parcela Magu
Ponce, PR 00728

Luis A Torres Cruz
RR 1 Box 6482
Guayama, PR 00784-3534

Luis A Torres Rios
HC 1
Coamo, PR 00769-9800

Luis E Pirela De Jesus
HC 1
Arroyo, PR 00714-9801

Luis O Morales Figueroa
128 Calle Topica Com Las 500
Arroyo, PR 00714

Luis P Torres Collazo
L8 Calle Bucayo Gigante El valle
Los Pra
Caguas, PR 00727

Marilyn Torres Montanez
PO Box 985 Box 985
Coamo, PR 00769-0985

Oscar Garcia Rivera
HC 2 Box 3790
Penuelas, PR 00624-9613

Osvaldo Garcia Molina
280 Calle B
Guayama, PR 00784-7227

Rafael Diaz Rivera
HC 65 Box 4338
Patillas, PR 00723-9224

Remi A Figueroa Pagan
Urb. Hillcrest Village Paseo de la
Loma
Ponce, PR 00716-7038

Sergio J Torres Colon
HC 5 Box 5338
Juana Diaz, PR 00795-9830

Wilfredo Quiñones Rodriguez
HC 1 Box 9352
Penuelas, PR 00624-9239

William X Vazquez Laboy
HC 63 Box 3469
Patillas, PR 00723-9609

OIB Creditor's Data

Creditors with NONPRIORITY Unsecured Claims

ACE Forming Systems, Inc.
PO Box 363707
San Juan, PR 00936-3707

AJD Transport
163 Calle Rosal Hda Florida
Yauco, PR 00698

AKASAH
Urb. Vista de Coamo
257 Calle Cascadas
Coamo, PR 00769

AKM MFG, Inc.
418 Calle A Ste 1
San Juan, PR 00920-2005

Alonso & Carus
PO Box 566
Catano, PR 00963-0566

ARB Inc.
PO Box 1055
Catano, PR 00963-1055

Art Roofing and LWC
PO Box 800531
Coto Laurel, PR 00780-0531

Blue Line Rental
8401 New Trails Dr Ste 150
The Woodlands, TX 77381-4083

Carlos J. Vazquez-Pagan
HC 63
Patillas, PR 00723-9801

Carolina Building Materials
PO Box 3570
Carolina, PR 00984-3570

CIB
PO Box 364086
San Juan, PR 00936-4086

CONSPRO Corp
PO Box 361628
San Juan, PR 00936-1628

Daltile
Palma Industrial Zone
430 Calle 4 Ste 2
Catano, PR 00962-6353

Edwin Plaza
HC 2 Box 6547
Adjuntas, PR 00601-9275

OIB Creditor's Data

Emilio Sampoll
Urb. Las Delicias, Calle Fidelia Mathew
Ponce, PR 00728

Empresas de Soldadura
PO Box 365047
San Juan, PR 00936-5047

Francisco Tripodi
Urb. Buena Vista
Calle Calma 1241
Ponce, PR 00717

Galo Concrete LLC
PO Box 10007
Guayama, PR 00785-4007

Greenscape
PO Box 1636
Sabana Seca, PR 00952-1636

JJ Rental LLC
HC 6 Box 9015
Juana Diaz, PR 00795-9646

La Casa de los Tornillos
PO Box 365047
San Juan, PR 00936-5047

Marxuach Precast Solutions, Inc.
PO Box 2149
San Juan, PR 00922-2149

Power Precas Products Corp
PO Box 1707
Rio Grande, PR 00745-1707

PR Wire Products Corp
PO Box 363167
San Juan, PR 00936-3167

Refricentro Inc
308 Barbosa Ave
San Juan, PR 00917-4300

RIMCO
PO Box 362529
San Juan, PR 00936-2529

Robles Aggregates Inc
PO Box 801028
Coto Laurel, PR 00780-1028

Roger Electric
PO Box 3166
Bayamon, PR 00960-3166

SM Electrical Contractors, SE
3006 Ave San Cristobal
Coto Laurel, PR 00780-2896

Steel Services & Supplies
PO Box 2528

OIB Creditor's Data

Toa Baja, PR 00951-2528

Ventor Corp
PO Box 2727
Carolina, PR 00984-2727

Vergel Quiros
HC 2 Box 6547
Guayanilla, PR 00656-9738

Vives Rental Equipment, Inc.
Urb. Vives
Calle 4 #34
Guayama, PR 00784

Warren del Caribe
PO Box 309
Caguas, PR 00726-0309

Water Work Suppliers
PO Box 366203
San Juan, PR 00936-6203

Z Electric Sales, Inc
PO Box 100
Bayamon, PR 00960-0100

Fill in this information to identify the case:

Debtor name

OIB LLC

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known)

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 4/01/2016 to Filing Date

Operating a business

\$2,567,683.00

Other _____

For prior year:

From 4/01/2015 to 3/31/2016

Operating a business

\$3,489,927.00

Other _____

For year before that:

From 4/01/2014 to 3/31/2015

Operating a business

\$2,009,289.00

Other _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. Non-business income may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor OIB LLC

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. Art Roofing and LWC PO Box 800531 Coto Laurel, PR 00780-0531	9/01/16 9/15/16 11/03/16	\$31,085.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Alonso & Carus PO Box 566 Catano, PR 00963-0566	10/13/16	\$102,630.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3. ACO Polymer Products Inc PO Box 72145 Cleveland, OH 44192-0002	9/08/16 11/03/16	\$16,695.93	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4. Corporación del Fondo de Seguro del Esta PO Box 365028 San Juan, PR 00936-5028	10/6/16 10/20/16	\$25,012.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Workmen's Compensation Policy</u>
3.5. Carlos J. Vazquez-Pagan HC 63 Patillas, PR 00723-9801	9/01/16 9/08/16 9/22/16 10/06/16 10/13/16 10/20/16 10/27/16 11/03/16 11/10/16 11/23/16 11/23/16	\$35,836.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.6. Contech Engineered Solutions, Inc PMB 711 Ave. Rafael Cordero Ste 140 Caguas, PR 00725	10/06/16	\$42,589.01	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.7. Daltile 430 Calle 4 Ste 2 Catano, PR 00962-6353	10/27/16	\$7,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Debtor OIB LLC

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.8. Galo Concrete LLC PO Box 10007 Guayama, PR 00785-4007	9/01/16 9/08/16 9/15/16 9/22/16 9/29/15 10/06/16 10/13/16 10/20/16 10/27/16 11/03/16 11/10/16 11/17/16	\$144,031.08	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.9. Greenscape PO Box 1636 Sabana Seca, PR 00952-1636	10/13/16	\$11,919.58	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.10 Jose Lopez Domenech HC 6 Box 9015 Juana Diaz, PR 00795-9646	10/06/16 10/18/16	\$16,173.96	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.11 Marxuach PO Box 2149 San Juan, PR 00922-2149	9/29/16 9/30/16 10/06/16 10/13/16 10/06/16	\$275,646.36	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.12 SM Electrical Contractors, SE 3006 Ave San Cristobal Coto Laurel, PR 00780-2896	9/15/16 10/13/16 11/17/16	\$33,599.04	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.13 Water Work Suppliers PO Box 366203 San Juan, PR 00936-6203	10/27/16	\$8,316.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.14 AKM MFG, Inc. 418 Calle A Ste 1 San Juan, PR 00920-2005	9/08/16	\$24,714.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Debtor OIB LLC

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.15 ACE Forming Systems, Inc. PO Box 363707 San Juan, PR 00936-3707	9/01/16 9/08/16 9/15/16 9/22/16 9/29/16 10/03/16 10/13/16 10/20/16 10/27/16 11/03/16 11/10/16 11/17/16 11/23/16	\$15,914.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.16 CIB Corporation PO Box 364086 San Juan, PR 00936-4086	9/01/16 9/08/16	\$10,513.53	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.17 Carolina Building Materials PO Box 3570 Carolina, PR 00984-3570	9/08/16 9/15/16 10/06/16 10/13/16 10/20/13 11/10/16 11/17/16 11/23/16	\$24,596.06	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.18 Gulf Lumber Inc PO Box 70161 San Juan, PR 00936-8161	9/01/16 9/08/16	\$8,365.98	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.19 JJ Rental LLC HC 6 Box 9015 Juana Diaz, PR 00795-9646	10/06/16 10/13/16 10/20/16 10/27/16 10/31/16 11/17/16 11/23/16	\$9,567.07	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.20 Luis Freire Div of KMA PO Box 191874 San Juan, PR 00919-1874	9/01/16	\$9,910.69	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Debtor OIB LLC

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.21 PR Wire Products Corp PO Box 363167 San Juan, PR 00936-3167	9/01/16 9/08/16 9/15/16 9/29/16 10/06/16 10/13/16 10/27/16 11/03/16 11/10/16 11/17/16 11/23/16	\$15,737.68	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.22 Roger Electric PO Box 3166 Bayamon, PR 00960-3166	9/01/16 9/08/16 9/22/16 9/29/16 10/06/16 10/13/16 10/20/16 11/03/16 11/17/16 11/23/16	\$11,147.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.23 Robles Aggregates Inc PO Box 801028 Coto Laurel, PR 00780-1028	9/29/16 10/6/16 10/27/16 11/03/16 11/10/16 11/17/16 11/23/16	\$24,295.54	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.24 Steel Services & Supplies PO Box 2528 Toa Baja, PR 00951-2528	9/08/16 9/15/16 9/22/16 9/29/16 10/13/16 10/20/16 10/27/16	\$23,132.99	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.25 Z Electric Sales, Inc PO Box 100 Bayamon, PR 00960-0100	9/15/16 10/27/16	\$84,465.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

 None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

Debtor OIB LLCCase number (*if known*) _____

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Francisco J. Lasanta Morales 3006 Ave San Cristobal Coto Laurel, PR 00780-2896 Managing Member	12/3/15 12/10/15 12/11/15 12/17/15 12/23/15 12/30/15 1/7/16 1/14/16 1/21/16 1/28/16 2/4/16 2/11/16 2/19/16 2/26/16 3/4/16 3/11/16 3/18/16 3/25/16 4/1/16 4/8/16 4/15/16 4/22/16 4/29/16 5/6/16 5/13/16 5/20/16 5/27/16 6/3/16 6/10/16 6/17/16 6/24/16 7/1/16 7/8/16 7/15/16 7/22/16 7/29/16 8/5/16 8/12/16 8/19/16 8/26/16 9/2/16 9/9/16 9/16/16 9/23/16 9/30/16 10/7/16 10/14/16 10/21/16 10/28/16 11/4/16 11/11/16 11/18/16 11/25/16	\$65,000.20	Salary

Debtor OIB LLC

Case number (*if known*) _____

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.2. BANCO POPULAR DE PUERTO RICO PO BOX 263708 SAN JUAN, PR 00936-2708 Managing Partner	11/12/15 12/11/15 12/30/15 1/12/16 2/4/16 2/12/16 3/10/16 4/12/16 5/12/16 6/9/16 7/1/16 8/11/16 10/12/16	\$223,646.36	Reimbursement of credit cards purchases material for projects to Francisco J. Lasanta Morales, Master Card Account Number 5310540000552017

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

Debtor

OIB LLC

Case number (if known)

None

Description of the property lost and how the loss occurred

Amount of payments received for the loss

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss

Value of property lost

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer?

Address

11.1. Charles A Cuprill-Hernández
356 Fortaleza Street, Second Floor
San Juan, PR 00901

If not money, describe any property transferred

Dates

Total amount or value

11/11/16

\$5,000.00

Email or website address

ccuprill@cuprill.com

Who made the payment, if not debtor?

11.2. RRC CPA Group PSC

PO Box 336876

Ponce, PR 00733-6876

11/30/16

\$1,000.00

Email or website address

jcolon@rrccpagroup.com

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None.

Name of trust or device

Describe any property transferred

Dates transfers were made

Total amount or value

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer?

Address

Description of property transferred or payments received or debts paid in exchange

Date transfer was made

Total amount or value

Debtor OIB LLC

Case number (if known) _____

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

No.

Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor OIB LLC

Case number (*if known*) _____

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No.
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed

Debtor OIB LLC

Case number (*if known*) _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
26a.1. Flor Rodriguez Lugo 3006 Ave San Cristobal Coto Laurel, PR 00780-2896	2016 2015 2014

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address	Date of service From-To
26b.1. RRC CPA Group PSC PO Box 336876 Ponce, PR 00733-6876	From April 1, 2015 to March 31, 2016

Name and address	Date of service From-To
26b.2. Reyes-Ramis CPA Group PSC PO Box 336876 Ponce, PR 00733-6876	From April 1, 2014 to March 31, 2015 From April 1, 2013 to March 31, 2014

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Flor Rodriguez Lugo 3006 Ave San Cristobal Coto Laurel, PR 00780-2896	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address
26d.1. Scotiabank de Puerto Rico PO Box 362394 San Juan, PR 00936-2394

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Debtor OIB LLC

Case number (*if known*) _____

Name	Address	Position and nature of any interest	% of interest, if any
Francisco J. Lasanta Morales	3006 Ave San Cristobal Coto Laurel, PR 00780-2896	Managing Member	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No
 Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

Debtor OIB LLC

Case number (if known) _____

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1		12/3/15	
		12/10/15	
		12/11/15	
		12/17/15	
		12/23/15	
		12/30/15	
		1/7/16	
		1/14/16	
		1/21/16	
		1/28/16	
		2/4/16	
		2/11/16	
		2/19/16	
		2/26/16	
		3/4/16	
		3/11/16	
		3/18/16	
		3/25/16	
		4/1/16	
		4/8/16	
		4/15/16	
		4/22/16	
		4/29/16	
		5/6/16	
		5/13/16	
		5/20/16	
		5/27/16	
		6/3/16	
		6/10/16	
		6/17/16	
		6/24/16	
		7/1/16	
		7/8/16	
		7/15/16	
		7/22/16	
		7/29/16	
		8/5/16	
		8/12/16	
		8/19/16	
		8/26/16	
		9/2/16	
		9/9/16	
		9/16/16	
		9/23/16	
		9/30/16	
		10/7/16	
		10/14/16	
		10/21/16	
		10/28/16	
		11/4/16	
Francisco J. Lasanta Morales 3006 Ave San Cristobal Coto Laurel, PR 00780-2896	65000.20	11/11/16 11/18/16 11/25/16	Salary
<hr/>			
<u>Relationship to debtor</u>			
<u>Managing Member</u>			

Debtor	<u>OIB LLC</u>	Case number (if known)	
Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.2 BANCO POPULAR DE PUERTO RICO PO BOX 263708 SAN JUAN, PR 00936-2708	223646.36	11/12/15 12/11/15 12/30/15 1/12/16 2/4/16 2/12/16 3/10/16 4/12/16 5/12/16 6/9/16 7/1/16 8/11/16 10/12/16	Reimbursement of credit cards purchases material for projects to Francisco J. Lasanta Morales, Master Card Account Number 531054000055201 7
<u>Relationship to debtor</u> <u>Managing Member Credit Cards</u>			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

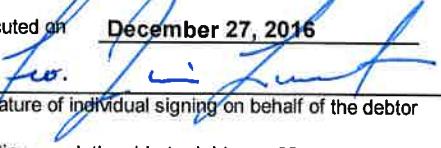
Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 27, 2016


Francisco J. Lasanta Morales

Printed name

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Managing Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

**CERTIFIED COPY OF RESOLUTION OF THE BOARD
OF DIRECTORS AUTHORIZING THE FILING OF
PETITION FOR REORGANIZATION UNDER CHAPTER 11
OF THE BANKRUPTCY CODE**

RESOLVED: Whereas **OIB, LLC** (the "LLC") is unable to meet its obligations as they mature; and

Whereas, creditors have undertaken and/or are threatening to undertake steps to obtain possession of the LLC's assets; Now therefore,

Be it resolved that a Petition in Proceedings under Chapter 11 of the Bankruptcy Code be filed by the LLC and that Francisco J. Lasanta Morales, be and hereby is authorized to execute on behalf of the LLC and for it all the necessary documents for the filing of a Petition under Chapter 11 of the Bankruptcy Code; and be it further resolved;

That Francisco J. Lasanta Morales, be and hereby is authorized to pay unto the Clerk of the Court all necessary filing fees required by law by the LLC or in its behalf, and be it further resolved;

That Charles A. Cuprill P.S.C. Law Offices be employed to act as counsel for the LLC in such bankruptcy proceedings.

The undersigned hereby certifies that he is the Secretary of the LLC, and that the above is a true and correct copy of a resolution adopted by its Board of Directors at a duly constituted meeting held on the 23rd day of December, 2016, in accordance with its regulations; that quorum was present at said meeting; that said resolution has not been revoked, modified, annulled or amended in any manner whatsoever.

In witness hereof, I have hereunto set my hand and affixed the seal of said corporation this 27th day of December, 2016.

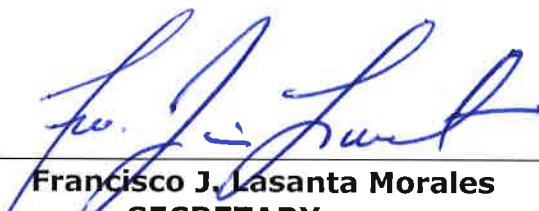



Francisco J. Lasanta Morales
SECRETARY

I, Francisco J. Lasanta Morales, secretary of **OIB, LLC** of legal age, executive, married, and resident of Ponce, Puerto Rico, do hereby certify under penalty of perjury, that the statements contained in the foregoing document are true according to the best of my knowledge, information and belief.

San Juan, Puerto Rico, this 27th day of December, 2016.




Francisco J. Lasanta Morales
SECRETARY